Citation Number #8029	er:				Date: March 3	31, 2020
Facility Name: Thomas Rest H			Survey I)	
Facility Addres	ss/City/State/Zip			•		
217 Main Stree Coon Rapids, I		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
58.28(3)e, f	nursing facility shall be provision and mainter for residents and personal supervision to protect others, or elements in f. Residents shall be penvironmental hazard DESCRIPTION: Based on observation interviews, the facility supervise a resident at The resident exited the knowledge, which residents reviewed (Reported a census of Findings included: A Minimum Data Set revealed Resident #8 2/27/19. The MDS idindependent with transitions and personal services and services are sident at the services and services are sident at the se	nance of a safe environment sonnel. (III) fety. I receive adequate against hazards from self, the environment. (I, II, III) protected against physical or its to themselves. (I, II, III) as, record review and staff failed to adequately at high risk for elopement. The facility without staff sulted in an immediate and safety for 1 of 4 at risk desident #8). The facility		\$8,750 (Held i suspe	n	Page 1 of 19
Facilit	y Administrator		e		_	

Citation Number #8029	er:				Date: March 3	1, 2020
Facility Name: Thomas Rest F	laven		Survey D			
Facility Addres	s/City/State/Zip		March 9-	-18, 2020		
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Rule or Code Section	Naturo	e of Violation				Correction date
	that included: Parkins The resident scored of Interview for Mental of Mental	with disorganized thinking viors on a continuous daily ified the behavior of pacing hat placed the resident at ng to a potentially side). The wandering also by of others. The MDS ng behavior as "worse" sessment. A balance during g test revealed the resident et to stabilize without staff so of testing other than et. The resident had 2 or				Page 2 of 1
Facility	y Administrator	Dat			_	- g · ·

Citation Number: #8029					Date: March 3	31, 2020
Facility Name: Thomas Rest I			Survey Dates: March 9-18, 2020			
Facility Address/City/State/Zip			Walti 5	10, 2020	,	
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	intervene if the resider plan also revealed the different level of care instructed staff to exp with family. Discuss I settings, arrange for conference when ass team recommended a complete an elopeme and as needed. Care with wander-guard. If the care plan based or resident's wandering. An elopement risk assidentified the resident risk). Observation showed resident walk across to quickly to the front do visitor out. The survey the facility for lunch. So door stopped the resident asked the surveyor to could get the resident area. The resident stopped to could get the resident area.	essment by the care plan a different level of care and ent assessment quarterly e plan also stated to continue here were no revisions in on the MDS identifying the				

Facility Administrator Date

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Citation Number #8029	Citation Number: #8029				Date: March 3	31, 2020
Facility Name: Thomas Rest H	laven		Survey D		0	
Facility Addres	ss/City/State/Zip		linar on o	10, 202	•	
217 Main Stree Coon Rapids, I		SB				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	walked the resident to area.	a chair into the living room				
	Resident progress no	Resident progress notes:				
	11/1/19 at 4:33 p.m., revealed the resident continued to roam throughout facility during the shift and made several unsuccessful attempts to exit out of doors.					
		revealed the resident per normal for the resident. king and unsuccessful at				
	wandered throughout The resident did not e	, revealed the resident the facility until mealtime. exit seek but continued to go coms, nurses office, and arsing med carts.				
	wandered the halls ar	esident attempted to exit via				
		n., revealed the resident e halls as usual. Staff could ident.				
			u U			Page 4 of 1 9

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Date

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Facility Name: Thomas Rest H	Haven		Survey Dates: March 9-18, 2020			
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Rule or Code Section	Nature of Violation			Fine A	mount	Correction date
	-	, revealed the resident oted to exit without success.				
	12/22/19 at 5:48 p.m., revealed the resident wandered and attempted to exit seek without success.					
	6:45 p.m. completed I (off duty registered nuin the facility parking I her car leaving the facand got out of her car	cident/Incident report dated 12/22/19 at o.m. completed by Staff Q revealed Staff I uty registered nurse) observed the resident facility parking lot by the dumpsters while in ar leaving the facility. Staff I pulled back in ot out of her car and brought the resident into the building. Wanderguard alarm ling.				
	nothing documented in Resident progress no regarding the incident identify staff assessed	eview of Resident #8's medical record showed othing documented regarding the elopement. esident progress notes did not contain an entry egarding the incident and the record failed to entify staff assessed the resident for injuries or at staff notified the resident's physician or family tember.				
	Nurse (RN) reported s 6 p.m. shift on 12/22/ p.m. to go home. She and walked across the	a.m., Staff I Registered she completed her 6 a.m. to 19 and punched out at 6:45 left through the north door e parking lot to her car. in her car for just a few	Page 5			

Facility Administrator Date

Citation Number: #8029					Date: March 3	31, 2020
Facility Name: Thomas Rest H			Survey I		0	
Facility Addres	ss/City/State/Zip			,		
217 Main Stree	t					
Coon Rapids, I	A 50058	SB				
Rule or Code Section	Nature	e of Violation	Class	Fine A	Amount	Correction date
	started to back her verspace. Staff I stated a parking space, she had Resident #8 standing dumpsters. Staff I stated a her car back into her parking and walked over the his hand and walked over the his hand and walked I She stated the alarm door and she silenced Staff I stated she hear sounding on the north facility with the reside on-duty staff respondes ounded on the north went to the north door wander guard alarm a area as the only place Staff I stated she common regarding the incident DON's door on 12/23/2 anything more about the statement. Staff I state the incident in the recount of the duty when it occurred good thing she happen at the time. She statement would have been been there. Staff I est	door. Staff I stated she r herself to silence the and identified the north door e staff can silence the alarm. heleted a written statement t and placed it under the full 19. She never heard the incident or written ted she did not document ord because she was off. Staff I commented it was a ened to be in the parking lot d the resident moves fast "long gone" had she not timated the resident outside				Page 6 of 1
Facilit	y Administrator	Dat	e		_	

Citation Numb	er:		Date: March 31, 2020			1, 2020
Facility Name: Thomas Rest I	Haven		Survey Dates: March 9-18, 2020			
Facility Addres	ss/City/State/Zip			,		
217 Main Stree Coon Rapids,		SB				
Rule or Code Section	Natur	Nature of Violation			mount	Correction date
	a.m. Staff I stated the sleeved shirt, jeans at she observed him out anything about feeling normal person would outside wearing only on 3/11/20 at 1:00 p. (DON) revealed that statement about what DON stated she becaustill shared the office previous DON possib statement. The DON home from Staff I and Administrator and the staff observed Reside behind the building ar evening. The DON pistatements she receivally regarding Residually building unattended on 3/11/20 1:24 PM Saide) stated she was heard the wander guawalked to the south disounded at that door.	and shoes and socks when iside. The resident didn't say goold. Staff I stated a have felt cold if they were what the resident wore. In the Director of Nursing she did not receive Staff I's coccurred on 12/22/20. The ime DON on 12/12/20 but with the previous DON. The ly received Staff I's stated she received a call at I then she phoned the previous DON to report ent #8 in the parking lot round 6:45 p.m. in the rovided copies of staff ived on 3/11/20 (during the sident #8 leaving the				Page 7 of 19

Facility Administrator Date

Citation Number: #8029					Date: March 3	1, 2020
Facility Name: Thomas Rest H			Survey Dates: March 9-18, 2020			
Facility Addres	ss/City/State/Zip			,	-	
217 Main Stree Coon Rapids, I		SB				
Rule or Code Section	Nature of Violation		Class	Fine A	mount	Correction date
	area to try to assist the out how to silence the looking at the panel. See returned into the build said the resident was we needed to check a residents were. Staff M's CNA statemevening of 12/22/20 who building. Staff Mident room assisting a residual arm sound. Staff Milving room door (Southe north door and an talkie to all staff that the Milving room door (Southen went back to the informed her Resident unattended. Staff R's Licensed Prestatement dated 3/11/12/22/20 and clocked 6:15 p.m. Staff R was #8 had left the buildin On 3/11/20 at 2:08 p.m. nurse) stated she wor	/20, revealed she worked on out and left the facility at not present when Resident				Page 8 of 1

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: #8029					Date: March 3	31, 2020
Facility Name Thomas Rest			Survey I		0	
Facility Addre	ess/City/State/Zip		Maron o	10, 202	•	
217 Main Stre Coon Rapids,		SB				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	alarm panel at the nu the panel and did not on. Staff Q stated sh Medication Aide (CM) at the nurse's station panel. A few minute into the facility throug Resident #8 walking with did not know what the prior to working at the any training at the fact of alarms they used a Staff I RN went to the entrance and silenced Staff Q stated she can at home and updated regarding Resident # and observed in the pattent of the stated that the CNAs evening did not response the company of the company of the did not response to the company of	8 getting out of the building parking lot by Staff I. Staff Q working at the facility that and to the alarm and did not				Page 9 of 1
						1 ago 3 01 1
Facili	ty Administrator	Dat	te			

Citation Number: #8029					Date: March 3	31, 2020
Facility Name:	Haven		Survey March 9	Dates:	0	
Facility Addre	ss/City/State/Zip					
217 Main Stree Coon Rapids,		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	coming back into the with Resident #8 walk stated she did not know was a regular door ala guard alarm. Staff L straining to know the different door alarm s On 3/12/20 at 10:32 a medication aide) reversacility on 12/22/19 at #8 eloped. Staff N stashift at 6:30 p.m. and proceeded to conduct alarm went off. Staff very loud constant but looked at the alarm pawith Staff Q, they cout was alarming since the lights lit up. Staff N state in the elopement as the her own. She stated sto know the difference alarms the facility had stood at the panel with the building through the Resident #8 walking wassumed Resident #8				Page 10 of 1	

Date

Facility Administrator

Citation Number: #8029					Date: March 3	31, 2020
Facility Name: Thomas Rest H			Survey I		0	
Facility Addres	ss/City/State/Zip		indi on o	10, 202		
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	north door and that Stresident back into the					
	On 3/12/20 at 10:52 at Climatologist identified Coon Rapids on 12/2: p.m. He identified the with a wind chill of 35 from the SSW at 17 n low clouds and zero p was 10 miles.					
	worked the evening or resident eloped. Staff alarm sound as she a bathroom. Staff K staresident, so she could right away. Staff K stassisting the resident responded to the nurse sound came from. Wourse's station, she stationd around talking as	f K stated she heard an				
		ment area : canel where Staff Q stood canel, immediately to the				Page 11 of 1

Facility Administrator

Date

Citation Numb	per:		Date: March 31, 2020				
Facility Name:			Survey I	Dates:			
Thomas Rest			March 9				
Facility Addre	ss/City/State/Zip			10, 2020			
217 Main Stree		0.0	-				
Coon Rapids,	IA 50058	SB					
Rule or	1		-	Fine Amount	Correction		
Code	Natur	e of Violation	Class		date		
Section							
	right of the panel was	a short hallway			1		
	approximately 20 feet long containing 2 doorways						
	•	e short hallway contained a					
	• `	orway (2nd door on the right), which was just a					
	_	any type of an alarm on it. that door, there was a short					
		y 15 feet in length. At the					
		as the north exit that led					
	outside, from which the	ne resident eloped. This					
	1	e wander-guard alarm key					
		he right) and the regular					
		on the left with keypad for					
	_	n. Once out the north door a that contains a partially					
	covered, awning like						
		e etc. do pick-ups and					
	deliveries for goods a	•					
		y. Several staff referred to					
		ice entrance area". This					
		nd level. Continuing to walk					
	north towards the gar	age/sned area eet), is where there are 3					
		where the off duty staff					
		e resident on the night of					
		parking lot is a paved					
		d the garage area is the					
		member was parked when					
		standing by the dumpsters.					
		of the awning area is a					
	ariveway that connec	ts the parking lot and then	<u> </u>		Page 42 of 4		
					Page 12 of 1		
Facilit	ty Administrator		 :e				

Citation Number: #8029					Date: March 3	31, 2020
Facility Name: Thomas Rest Haven			Survey I		0	
Facility Address/City/State/Zip				,	-	
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Naturo	e of Violation	Class	Fine A	mount	Correction date
	Nature of Violation 100 feet to the side street. The facility generator is also located to the left side next to the driveway area. The posted speed limit is 25 mph. The facility is surrounded on 3 sides by streets and sits on 1 city block. The other ½ of the building is the attached clinic and the assisted living. An undated facility policy titled Elopement Policy revealed the facility strived to prevent elopement of resident's from the facility. The policy defined elopement as when a resident exits the facility undetected and assessed as unsafe to leave the facility unattended. Steps included: a. The facility would assess all residents for elopement risk upon admission and quarterly thereafter to determine if they are at risk for elopement. b. The facility would place a wander-guard bracelet (a signaling device that a resident has left the building) on residents determined at risk for elopement. c. Charge nurses are responsible to see that the wander-guard is placed on the resident initially and will document each shift that the bracelet is in place. d. The maintenance department checks and documents daily that all facility door alarms, wander-guard door alarms, and bracelet function					Page 13 of 1

Facility Administrator

Date

Facility Administrator Date

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

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Citation Number: #8029					ite: arch 31	, 2020
Facility Name: Thomas Rest Haven Facility Address/City/State/Zip				Survey Dates: - March 9-18, 2020		
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Natur	e of Violation	Class Fine Amount			Correction date
	Staff I accompanied t entire incident.	he resident throughout the				
	FACILITY RESPONSE:					
						Page 15 of 19
Facili	ty Administrator		ate			

Citation Number: #8029				ſ	Date: March 3	31, 2020
Facility Name: Thomas Rest Haven			Survey I	Dates: -18, 2020)	
Facility Address/City/State/Zip				. 0, 2020	•	
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
50.7(4)	481-50.7(10A,135C) Additional notification. The director or the director's designee shall be not within 24 hours, or the next business day, by the most expeditious means available; 50.7(4) When a resident elopes from a facility. For the purposes of this subrule, "elopes" means a resident who has impaired decision-making ability leaves the facility without the knowledge or authorization of staff.		II	\$500 (Held Susper		Upon receipt
	DESCRIPTION:					
	and facility policy revi report an incident of e agency. A cognitively facility without staff kr reviewed at risk for el	ord review, staff interviews, ew, the facility failed to elopement to the State impaired resident left the nowledge for 1 of 4 residents opement at the facility acility reported a census of				
	Findings included:					
	revealed Resident #8 2/27/19. The MDS id	(MDS), dated 12/5/19, admitted to the facility on entified Resident #8 as sfers and ambulation. The				
						Page 16 of 1 9
Facilit	y Administrator	Dat	e		_	

Citation Number: #8029					ate: larch 3	1, 2020
Facility Name:			Survey I	Dates:		
Thomas Rest			March 9	-18, 2020		
,	ss/City/State/Zip					
217 Main Stree Coon Rapids,		SB				
Rule or Code Natu		e of Violation	Class	Fine Amo	ount	Correction date
Section						
	cane) to ambulate. If that included: Parkins The resident scored S Interview for Mental S moderate cognitive in identified the resident and in-attention beha basis. The MDS ident daily and wandering t significant risk of getti dangerous place (out intruded on the privacidentified the wanderi since the previous as transitions and walkin as not steady but able assistance in all areas moving on/off the toile more falls without injurassessment. The ME#8 wore a wander-guidaily basis. An accident/Incident of 6:45 p.m. completed (off duty registered not in the facility parking ther car leaving the facility parking the rear leaving the facility parking the fa	with disorganized thinking viors on a continuous daily tified the behavior of pacing that placed the resident at ing to a potentially side). The wandering also by of others. The MDS ng behavior as "worse" sessment. A balance during ag test revealed the resident the to stabilize without staff is of testing other than et. The resident had 2 or				Page 17 of 1
						Page 17 of 1
Facility Administrator Date						

Citation Number: #8029					Date: March 3	31, 2020
Facility Name: Thomas Rest Haven			Survey D		1	
Facility Address/City/State/Zip			Waren 5	10, 2020	,	
217 Main Street Coon Rapids, IA 50058		SB				
Rule or Code Section	Nature	e of Violation	Class	Fine A	mount	Correction date
	back into the building sounding.	. Wanderguard alarm				
	elopement with the fo him Resident #8 exite accompanied the resi incident. The Adminis	ne reported he discussed the rmer DON and she informed at the facility and Staff I dent throughout the entire trator stated in hind-sight, if is of the incident, he would				
						Page 18 of 1 9

If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to lowa Code section 135C.43A (2013).

Date

Facility Administrator

Citation Number: #8029					Date: March 3	1, 2020
Facility Name: Thomas Rest Haven Facility Address/City/State/Zip				Survey Dates: March 9-18, 2020		
217 Main Street Coon Rapids, IA 50058		SB				
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	have reported it to the instead of taking the	e State agency as required, former DON's word for it.				
	FACILITY RESPONS	SE:				
						Page 19 of 19
Facili	ity Administrator	Da	 ate			